

November 29, 1995

Cynthia L. Hutchison
U.S.E.P.A., Region VII
726 Minnesota Avenue
Kansas City, Kansas 66101

DEC 01 1995

RCOM SECTION

**SUBJECT: STEELCOTE FACILITY - ST. LOUIS, MISSOURI
EPA DOCKET NO. VII-91-H-0025**

**SITE INVESTIGATION
STEELCOTE FACILITY
ST. LOUIS, MISSOURI**

Dear Ms. Hutchison:

This letter is sent to inform you of the results of our implementation of Addendum #4, dated August 14, 1995, at the referenced site. The addendum was the work plan for abandonment of four wells at the Steelcote facility. Satisfactory completion of the abandonment was the final task for full release of the site pursuant to an Administrative Order on Consent, Docket No. VII-91-H-0025 ("AOC") and the letter from Mr. William Spratlin.

ABANDONMENT OF EXISTING MONITORING WELLS

The existing groundwater monitoring well network consisted of four wells; one upgradient (SWG-W-H) and three downgradient (SWG-W-I, SWGW-J, and SWGW-K). Abandonment procedures followed the requirements of the State of Missouri (Sections 256.600 to 256.640 RSMo). The wells were plugged by a permitted monitoring well installation contractor, BDAT Environmental, Inc. The work was conducted on October 19, 1995.

The procedure for abandonment was the same as that used to close the four previous wells at the site. The sequential steps were as follows:

1. Remove protective cover/casing and expose well casing.
2. Remove well cap and place drill rods into well to the bottom and knock out the well bottom.
3. Fill well casing with cement-bentonite grout to top of casing.
4. Begin pulling casing. Simultaneously pump grout into casing. Check grout level periodically during casing removal to ensure a proper seal is being placed.
5. After casing and screen are removed, complete grouting to the within 2 feet of surface and top off as needed. If casing/screen break off below surface and cannot be removed, excavate to a depth of three feet below ground surface, remove any exposed casing, then complete



Ms. Cynthia Hutchison
November 29, 1995
Page 2

SHANNON & WILSON, INC.

grouting to top of casing. Check for grout settlement. Fill upper two feet with soil and compact.

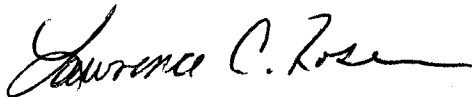
Note that during the previous abandonment/plugging of the monitoring wells, the Missouri Department of Natural Resources (MDNR) did not require that the casing and screen be drilled out if it could not be removed. We contacted MDNR Wellhead Protection Division and received the variance for not drilling out the casing. A copy of the variance was attached to Addendum #4.

Registration records documenting the abandonment were completed and sent to MDNR. A copy of the abandonment forms are attached to this letter. Having completed the abandonment of these four wells, we understand that EPA has released Steelcote from any further obligations under the AOC, and that no additional work is required at this site.

If you have any questions or comments, please feel free to call me.

Very truly yours,

SHANNON & WILSON, INC.



Lawrence C. Rosen, P.G.
Principal Geologist

Attachment: Registration Records

Submitted: 4 copies

Copies: Mr. Greg Niedt, Niedt Enterprises, Inc.

LCR/nlb

RECEIVED
SHANNON & WILSON, INC.

NOV 22 1995





MISSOURI DEPARTMENT OF
NATURAL RESOURCES
DIVISION OF GEOLOGY AND
LAND SURVEY
REGISTRATION RECORD

OFFICE USE ONLY	DATE RECEIVED
REF. NO. 124822	CHECK NO.
ROUTE	TRANSMITTAL NO.
STATE WELL NUMBER	CROSS REFERENCE NO.
CHECKED BY	ENTERED Ph 1 Ph 2 Ph 3
APPROVED BY	DATE APPROVED

INFORMATION SUPPLIED BY OWNER

NAME STEELCOTE FACILITY		TELEPHONE (314) 771-8053	
ADDRESS 1 STEELCOTE SQUARE		CITY ST. LOUIS	STATE MO
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	ZIP CODE 63103
OWNER STATUS: <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> BUILDER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) PRIVATE			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> TEST HOLE REPORT <input type="checkbox"/> WELL RECONSTRUCTION <input type="checkbox"/> OTHER _____		EXISTING WELL CERTIFICATION NUMBER SIGNATURE (WELL OWNER) _____	
		DATE COMPLETED _____ DATE _____	

INFORMATION SUPPLIED BY CONTRACTOR

LOCATION OF WELL SHOW LOCATION IN SECTION PLAT	COUNTY <u>ST. LOUIS CITY</u> ELEVATION _____ AREA NO. _____	SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS
 <p>SMALLEST ¼ _____ LARGEST ¼ _____</p> <p><u>NW</u> ¼ <u>NW</u> ¼ <u>SE</u> ¼ <u>NE</u> ¼</p> <p>SEC. <u>21</u> TWN. <u>45</u> N. RANG. <u>7</u> (E OR W)</p> <p>LAT. _____ ° _____ ' _____ " LONG. _____ ° _____ ' _____ "</p>		
DESCRIBE LOCATION OF THE WELL, SO WE WOULD BE ABLE TO VISIT THE WELL		

DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL

66' EAST + 160' SOUTH OF NW PROPERTY CORNER

CONTRACTOR'S NAME ▶ BDA ENVIRONMENTAL		PERMIT NUMBER ▶ 001000M	
ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
DEPTH OF THE WELL <u>n50'</u>		DATE ABANDONED <u>10/19/95</u>	
FORMER USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION		<input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> EXPLORATORY TEST HOLE <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> OTHER _____	
DATE ORIGINALLY DRILLED <u>UNK.</u>		PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ORIGINAL DRILLER (IF KNOWN) <u>UNK.</u>			
DESCRIBE METHOD USED TO PLUG WELL <u>PENETRATED BOTTOM CAP. TREMMIED CEMENT GROUT CONCURRENTLY w/ PULLING PVC FROM HOLE. TOP 3' FILLED & MOUNDW/ SOIL</u>			
COMMENTS (REASON FOR PLUGGING, KNOWN CONTAMINANTS, ETC.) <u>ABANDONED DUE TO COMPLETION OF MONITORING PHASE</u>			
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/>			
I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.	
CONTRACTOR'S SIGNATURE <u>[Signature]</u>		DATE <u>11/1/95</u>	



MISSOURI DEPARTMENT OF
NATURAL RESOURCES
DIVISION OF GEOLOGY AND
LAND SURVEY
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF. NO.	124824	CHECK NO.	
ROUTE		TRANSMITTAL NO.	
STATE WELL NUMBER		CROSS REFERENCE NO.	
CHECKED BY		ENTERED	Ph 1 Ph 2 Ph 3
APPROVED BY		DATE APPROVED	

INFORMATION SUPPLIED BY OWNER

NAME <u>STEELCOTE FACILITY</u>		TELEPHONE <u>(314) 771-8053</u>	
ADDRESS <u>1 STEELCOTE SQUARE</u>	CITY <u>ST. LOUIS</u>	STATE <u>MO</u>	ZIP CODE <u>63103</u>
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	STATE ZIP CODE
OWNER STATUS: <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> BUILDER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>PRIVATE</u>			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> TEST HOLE REPORT <input type="checkbox"/> WELL RECONSTRUCTION <input type="checkbox"/> OTHER		EXISTING WELL CERTIFICATION NUMBER DATE COMPLETED	
		SIGNATURE (WELL OWNER) DATE	

INFORMATION SUPPLIED BY CONTRACTOR

LOCATION OF WELL SHOW LOCATION IN SECTION PLAT		COUNTY <u>ST. LOUIS CITY</u>	SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS
ELEVATION AREA NO.			
SMALLEST 1/4 <u>NW 1/4</u> <u>NW 1/4</u> <u>SE 1/4</u> <u>NE 1/4</u>		Hwy 40	
SEC. <u>21</u> TWN. <u>45</u> N. R. <u>7</u> E. OR W		GRAND GRADOT	
LAT. _____ LONG. _____		PAPIN	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL		CHOUTEAU	
<u>65' EAST + 50' SOUTH OF NW PROPERTY CORNER</u>		SWGW/I	

CONTRACTOR'S NAME <u>BDA ENVIRONMENTAL</u>		PERMIT NUMBER <u>00/000M</u>	
ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
DEPTH OF THE WELL <u>~50'</u>	DATE ABANDONED <u>10/19/95</u>	TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
FORMER USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		RAISED CASING INFORMATION LENGTH OF CASING ADDED _____ FT. METHOD OF ATTACHMENT STEEL CASING <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input type="checkbox"/> COUPLED PLASTIC CASING <input type="checkbox"/> FUSED <input type="checkbox"/> GLUED	
DATE ORIGINALLY DRILLED <u>UNK.</u>	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
ORIGINAL DRILLER (IF KNOWN) <u>UNK.</u>		DIAMETER OF LINER IN.	
DESCRIBE METHOD USED TO PLUG WELL <u>PENETRATED BOTTOM CAP. TREMIED CEMENT</u> <u>GROUT CONCURRENTLY W/ PULLING PK FROM</u> <u>HOLE. TOP 3' FILLED + MOUND W/ SOIL</u> COMMENTS (REASON FOR PLUGGING, KNOWN CONTAMINANTS, ETC.) <u>ABANDONED DUE TO COMPLETION</u> <u>OF MONITORING PHASE</u>		MEASURED DEPTH FROM SURFACE TO THE TOP OF LINER _____ FT. DIAMETER OF WELL CASING _____ IN. MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED	
LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL <input type="checkbox"/> CEMENT SLURRY <input type="checkbox"/> BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS		DEPTHS SET PACKER 1 _____ FT. PACKER 2 _____ FT. PACKER 3 _____ FT.	
DEPTH PUMP WAS SET _____ GPM		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL _____ FT. DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL _____ FT.	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEEPENING OF WELL INFORMATION WELL WAS DEEPEENED FROM _____ FT. DEEP TO _____ FT. DEEP WAS THE WELL DISINFECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS <input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS		FORMATION DESCRIPTION YIELD	
CONTRACTOR'S SIGNATURE <u>[Signature]</u>		DATE <u>11/1/95</u>	



MISSOURI DEPARTMENT OF
NATURAL RESOURCES
DIVISION OF GEOLOGY AND
LAND SURVEY
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF. NO	124825	CHECK NO.	
ROUTE		TRANSMITTAL NO.	
STATE WELL NUMBER		CROSS REFERENCE NO.	
CHECKED BY		ENTERED	
APPROVED BY		Ph 1	Ph 2 Ph 3
		DATE APPROVED	

INFORMATION SUPPLIED BY OWNER			
NAME <u>STEELCOTE FACILITY</u>		TELEPHONE <u>(314) 771-8053</u>	
ADDRESS <u>1 STEELCOTE SQUARE</u>	CITY <u>ST. LOUIS</u>	STATE <u>MO</u>	ZIP CODE <u>63103</u>
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	STATE ZIP CODE
OWNER STATUS: <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> BUILDER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>PRIVATE</u>			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> TEST HOLE REPORT <input type="checkbox"/> WELL RECONSTRUCTION <input type="checkbox"/> OTHER		EXISTING WELL CERTIFICATION NUMBER DATE COMPLETED	
		SIGNATURE (WELL OWNER) DATE	

INFORMATION SUPPLIED BY CONTRACTOR			
LOCATION OF WELL SHOW LOCATION IN SECTION PLAT		COUNTY <u>ST. LOUIS CITY</u> ELEVATION AREA NO.	
<p>SMALLEST 1/4 <u>NW 1/4</u> <u>NW 1/4</u> <u>SE 1/4</u> <u>NE 1/4</u> LARGEST 1/4 SEC. <u>21</u> TWN. <u>45</u> N. <u>7</u> E. <u>40</u> R. <u>W</u> LAT. _____ LONG. _____</p>		SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS <u>HWY 40</u> <u>GRAND</u> <u>PAPIN</u> <u>CHOUTEAU</u> <u>STEELCOTE</u> <u>SW 9/15</u>	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <u>30 FT EAST + 45 FT SOUTH OF NW PROPERTY CORNER</u>			

CONTRACTOR'S NAME <u>B DAT ENVIRONMENTAL</u>		PERMIT NUMBER <u>001000M</u>	
ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
DEPTH OF THE WELL <u>~45'</u>	DATE ABANDONED <u>10/19/95</u>	TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
FORMER USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		LENGTH OF CASING ADDED FT. METHOD OF ATTACHMENT STEEL CASING <input type="checkbox"/> THREADED <input type="checkbox"/> PLASTIC <input type="checkbox"/> FUSED <input type="checkbox"/> WELDED <input type="checkbox"/> CASING <input type="checkbox"/> GLUED <input type="checkbox"/> COUPLED	
DATE ORIGINALLY DRILLED <u>UNK.</u>	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
ORIGINAL DRILLER (IF KNOWN) <u>UNK.</u>		DIAMETER OF LINER IN. WEIGHT OR SDR #	
DESCRIBE METHOD USED TO PLUG WELL <u>PENETRATED BOTTOM CAP. TREMIED CEMENT.</u> <u>GROUT CONCURRENTLY W/ PULLING PVC FROM</u> <u>HOLE. TOP 3' FILLED & MOUND W/ SOIL</u> <u>ABANDONED DUE TO COMPLETION</u> <u>OF MONITORING PHASE</u>		MEASURED DEPTH FROM SURFACE TO THE TOP OF LINER FT. DIAMETER OF WELL CASING IN. MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED	
		MEASURED DEPTH FROM SURFACE TO BOTTOM OF LINER FT. DEPTHS SET PACKER 1 FT. PACKER 2 FT. PACKER 3 FT.	
LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL <input type="checkbox"/> CEMENT SLURRY <input type="checkbox"/> BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS	
LINER GROUT DETAILS DEPTH PUMP WAS SET		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT. DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.	
GPM		DEEPENING OF WELL INFORMATION WELL WAS DEEPEENED FROM FT. DEEP TO FT. DEEP WAS THE WELL DISINFECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH FORMATION DESCRIPTION YIELD	
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS <input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS			
CONTRACTOR'S SIGNATURE <u>[Signature]</u>		DATE <u>11/1/95</u>	



MISSOURI DEPARTMENT OF
NATURAL RESOURCES
DIVISION OF GEOLOGY AND
LAND SURVEY
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF. NO.	124826	CHE	
ROUTE		TRANSMITTAL NO.	
STATE WELL NUMBER		CROSS REFERENCE NO.	
CHECKED BY		ENTERED	Ph 1 Ph 2 Ph 3
APPROVED BY		DATE APPROVED	

INFORMATION SUPPLIED BY OWNER			
NAME <u>STEELCOTE FACILITY</u>		TELEPHONE <u>(314) 771-8053</u>	
ADDRESS <u>1 STEELCOTE SQUARE</u>	CITY <u>ST. LOUIS</u>	STATE <u>MO</u>	ZIP CODE <u>63103</u>
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	STATE ZIP CODE
OWNER STATUS: <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> BUILDER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>PRIVATE</u>			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> TEST HOLE REPORT <input type="checkbox"/> WELL RECONSTRUCTION <input type="checkbox"/> OTHER		EXISTING WELL CERTIFICATION NUMBER	DATE COMPLETED
		SIGNATURE (WELL OWNER)	DATE

INFORMATION SUPPLIED BY CONTRACTOR			
LOCATION OF WELL SHOW LOCATION IN SECTION PLAT SMALLEST 1/4 <u>NW 1/4</u> LARGEST 1/4 <u>NE 1/4</u> SEC. <u>21</u> TWN. <u>45</u> N. RING. <u>7</u> (E OR W) LAT. _____ LONG. _____		COUNTY <u>ST. LOUIS</u> ELEVATION _____ AREA NO. _____ SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS 	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <u>12 FT EAST + 55 FT SOUTH OF NW PROPERTY CORNER</u>			

CONTRACTOR'S NAME <u>BDAT ENVIRONMENTAL</u>		PERMIT NUMBER <u>001000M</u>	
ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
DEPTH OF THE WELL <u>~45'</u>	DATE ABANDONED <u>10/19/95</u>	TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
FORMER USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		LENGTH OF CASING ADDED _____ FT. METHOD OF ATTACHMENT STEEL CASING <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input type="checkbox"/> COUPLED PLASTIC CASING <input type="checkbox"/> FUSED <input type="checkbox"/> GLUED	
DATE ORIGINALLY DRILLED <u>UNK.</u>	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
ORIGINAL DRILLER (IF KNOWN) <u>UNK.</u>		DIAMETER OF LINER _____ IN. WEIGHT OR SDR # _____	
DESCRIBE METHOD USED TO PLUG WELL <u>PENETRATED BOTTOM CAP. TREMIED CEMENT</u> <u>GROUT CONCURRENTLY W/ PULLING PIC FROM</u> <u>HOLE. TOP 3' FILLED + MOUND W/ SOIL</u> COMMENTS (REASON FOR PLUGGING, KNOWN CONTAMINANTS, ETC.) <u>ABANDONED DUE TO COMPLETION</u> <u>OF MONITORING PHASE.</u>		MEASURED DEPTH FROM SURFACE TO THE TOP OF LINER _____ FT. DIAMETER OF WELL CASING _____ IN. MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED	
LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL <input type="checkbox"/> CEMENT SLURRY <input type="checkbox"/> BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS		DEPTHS SET PACKER 1 _____ FT. PACKER 2 _____ FT. PACKER 3 _____ FT.	
DEPTH PUMP WAS SET _____ GPM		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL _____ FT. DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL _____ FT.	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEEPENING OF WELL INFORMATION WELL WAS DEEPEINED FROM _____ FT. DEEP TO _____ FT. DEEP WAS THE WELL DISINFECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. CONTRACTOR'S SIGNATURE _____ DATE <u>11/1/95</u>		<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.	